

# PHYSICIAN'S STATEMENT FOR PORTABLE OXYGEN CONCENTRATOR

## USE ONBOARD AN AIRCRAFT

In accordance with FAA Regulations, a passenger who requires the use of a portable oxygen concentrator unit on board an airline must obtain a written statement on letterhead from his or her physician containing the information in the "To Be Completed by Physician" section of this document. The Physician may choose to fill out his or her own office form.

The FAA currently allows the use of the following portable oxygen concentrators:

- AirSep FreeStyle
- AirSep FreeStyle 5
- AirSep LifeStyle
- AirSep Focus
- Devilbiss Healthcare iGo
- Inogen One
- Inogen One G2
- InogenOne G3
- Inova Labs LifeChoice Activeox
- Inova Labs LifeChoice / International Biophysics LifeChoice
- Invacare Corporation XP02
- Invacare Solo2
- OxLife Independence Oxygen Concentrator
- Oxus RS-00400 (formally known as Delphi RS-00-400)
- Precision Medical EasyPulse
- Respironics EverGo
- Respironics SimplyGo
- SeQual Eclipse
- SeQual SAROS

### PASSENGER INFORMATION

*This document is to remain in your personal possession. It only needs to be presented to airline representatives for review.*

1. You are responsible for ensuring that your unit is in good condition and free from damage or excessive wear and tear.
2. You are responsible for traveling with a sufficient supply of batteries, per your oxygen requirements to last the entire journey. It is recommended that you bring at least 50% or more batteries than needed in order to cover the duration of the flight, all ground time (before takeoff, any connect time between flights and after landing) and any unforeseen delays

All batteries must be transported in carry-on baggage (not permitted in checked baggage) and must be packaged in a manner that protects them from physical damage and short circuits. The portable oxygen concentrator, as well as the baggage containing the batteries, is exempt from the carry-on limitations of one piece plus a personal item.

TO BE COMPLETED BY PHYSICIAN

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) Does the user of the device have the physical and cognitive ability to see, hear, and understand the device's aural and visual cautions and warnings? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, the user must travel with someone who is capable of performing those functions.
- 2) Is the user able, without assistance, to take the appropriate action in response to the device's aural and visual cautions and warnings? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, the user must travel with someone who is capable of performing those functions.
- 3) Is oxygen use medically necessary at all times including time in the airport, during taxi, takeoff, and landing, as well as during the flight? Yes \_\_\_\_\_ No \_\_\_\_\_

**If not, please specify:**

- a) The portion of the trip requiring oxygen (i.e., only during the flight):

\_\_\_\_\_

- b) The maximum period of time the user can be without oxygen:

\_\_\_\_\_

- 4) US Airways' pressurized aircraft cabin altitude equals 8,000 feet above sea level. The user may adjust the oxygen flow setting to a maximum of \_\_\_\_\_, as needed during flight, recognizing the possible changes in cabin pressure.

1 2 3 4

Physician's Name: \_\_\_\_\_

Physician's Telephone # \_\_\_\_\_

Physician's Signature: \_\_\_\_\_